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TRANSMITTAL FORM

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| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 335,699-014 |
|--|---|------------------------|-------------|

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-----------------------|----------|--------|
| Firm Name | O'Melveny & Myers LLP | | |
| Signature | | | |
| Printed name | John Kappos | | |
| Date | 5/26/05 | Reg. No. | 37,861 |

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature | | | |
| Typed or printed name | Denise N. Doss | Date | 5-26-05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AND REVOCATION OF PRIOR POWERS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, R. Dan Winnett, Executive Vice President and General Counsel, of Greystone Medical Group, Inc., as representative of the Assignee of record of the entire interest of all applications/patents listed below, hereby revoke all powers of attorney previously given and appoint the following attorneys and/or agents to prosecute and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the below-identified applications/patents, all of the registered practitioners identified by Customer Number 34263.

34263
PATENT TRADEMARK OFFICE

O'MELVENY & MYERS LLP
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(949) 737-2900

Please send all correspondence to the attention of John Kappos, at the above Customer Number, and direct all telephone calls to John Kappos at (949) 737-2900.

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

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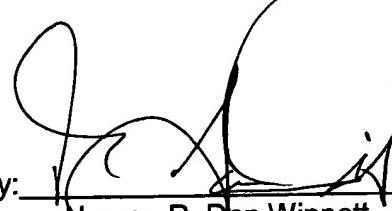
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| U.S. Serial # /Patent # | U.S. Filing Date | First-Named Inventor | Reel | Frame | Recordation Date | New Atty Docket # (prev. Docket #) |
|-------------------------|------------------|----------------------|--------|-------|---------------------------|------------------------------------|
| 10/305,713 | 11/27/02 | Monroe | 014247 | 0631 | 02/14/2003 | 335,699-3 (prev 27432.00) |
| 10/645,410 | 08/02/03 | Monroe | 014425 | 0493 | 08/21/2003 | 335,699-4 (prev 27432.01) |
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| 10/645,411 | 08/21/03 | Hon | 8920 | 0708 | 12/29/1997 | 335,699-12 (prev 29290.02) |
| 10/676,754 | 10/01/03 | Hon | 8920 | 0708 | 12/29/1997 | 335,699-13 (prev 29290.03) |
| 10/645,412 | 08/21/03 | Hon | 8920 | 0708 | 12/29/1997 | 335,699-14 (prev 29290.01) |
| 10/925,733 | 08/25/04 | Monroe | | | Sent to PTO 08/24/2004 | 335,699-16 (prev 29373.00) |
| 60/497,600 | 08/25/03 | Monroe | | | | 335,699-15 |
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| 11/081,119 | 03/15/05 | Monroe | 014247 | 0631 | 02/14/2003 | 335,699-36 |

In conformance with 37 C.F.R. §3.73(b)(2), the undersigned is authorized to act on behalf of Greystone Medical Group, Inc.

Dated: 5/11/05

By: 

Name: R. Dan Winnett
Title: Executive Vice President & General Counsel
Greystone Medical Group, Inc.